

Youth Life Status Questionnaire (Y-LSQ)[®] ³⁰⁻¹ ~~30-2~~

Purpose: The Y-LSQ[™] is designed to describe a wide range of situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-LSQ[™] 2.0 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

Directions: Read each statement carefully. Check the box that most accurately describes the past week. Decide how true this statement is during the past 7 days. Check only one answer for each statement and erase unwanted marks clearly.

Directions for parents/guardians completing questionnaire: If your child is under 12, the parent or other responsible adult is asked to complete this questionnaire. In this case, respond to the statements as if each began with "My child..." or "My child's..." rather than "I..." or "My..." It is important that you answer as accurately as possible based on your personal observation and knowledge.

PERSON COMPLETING FORM (PLEASE CHECK):

☐ Adolescent ☐ Parent/guardian ☐ Other

Never or Almost Never Rarely Sometimes Frequently Almost Always or Always

1. I have headaches or feel dizzy.....
2. I don't participate in activities that used to be fun.....
3. I argue or speak rudely to others.....
4. I have a hard time finishing my assignments or I do them carelessly.....
5. My emotions are strong and change quickly.....
6. I have physical fights (hitting, kicking, biting, or scratching) with my family or others my age.....
7. I worry and can't get thoughts out of my mind.....
8. I steal or lie.....
9. I have a hard time sitting still (or I have too much energy).....
10. I use alcohol or drugs.....
11. I am tense and easily startled (jumpy).....
12. I am sad or unhappy.....
13. I have a hard time trusting friends, family members, or other adults.....
14. I think that others are trying to hurt me even when they are not.....
15. I have threatened to, or have run away from home.....
16. I physically fight with adults.....
17. My stomach hurts or I feel sick more than others my same age.....
18. I don't have friends or I don't keep friends very long.....
19. I think about suicide or feel I would be better off dead.....
20. I have nightmares, trouble getting to sleep, oversleeping, or waking up too early.....
21. I complain about or question rules, expectations, or responsibilities.....
22. I break rules, laws, or don't meet others' expectations on purpose.....
23. I feel irritated.....
24. I get angry enough to threaten others.....
25. I get into trouble when I'm bored.....
26. I destroy property on purpose.....
27. I have a hard time concentrating, thinking clearly, or sticking to tasks.....
28. I withdraw from my family and friends.....
29. I act without thinking and don't worry about what will happen.....
30. I feel like I don't have any friends or that no one likes me.....

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EXAMINATION COPY

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Client's Name: FIRST _____ LAST _____

Informant's Name, (If Other Than Client): _____

DO NOT WRITE IN THIS BOX
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EXPERIMENTAL FORM-FOR RESEARCH USE ONLY-NOT FOR COMMERCIAL SALE OR DISTRIBUTION

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